

DISCLOSURE SUMMARY PAGE

Polk

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	21148
Indexed	26
Audited	
Computer	26

COMMITTEE NAME (Must be same as on Statement of Organization)

Community Led Advocacy for Sensible Schools

IMPORTANT: Indicate type of committee you are reporting for: ☒ 6

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

Alice Wisner 221-9327
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE

3/29/03
 DATE SIGNED

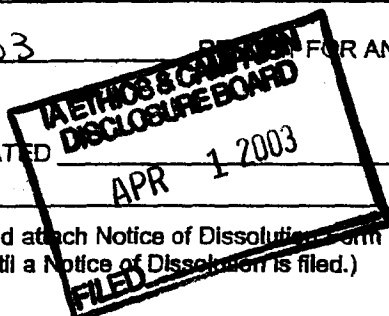
Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A April 1, 2003 (report date) FOR AN/A (1) ELECTION/(2) NON-ELECTION YEAR.
 Indicate one ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)



Local Committees, enter Date of Election

March 11, 2003

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 460.50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

315.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

775.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

675.50

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 100.00

UNPAID BILLS (From Schedule D - Attach Schedule D)

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

1,614.70

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Community Led Advocacy for Sensible Schools

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
3/4/03	ID# CK#	Unitemized Contribution		\$ 25.00	
3/4/03	ID# CK#	Unitemized Contribution		25.00	
3/4/03	ID# CK#	Unitemized Contribution		25.00	
3/4/03	ID# CK#	Unitemized Contribution		25.00	
3/4/03	ID# CK#	Unitemized Contribution		25.00	
3/10/03	ID# CK#	Unitemized Contribution		20.00	
3/10/03	ID# CK#	Unitemized Contribution		25.00	
3/10/03	ID# CK#	Unitemized Contribution		25.00	
3/11/03	ID# CK#	Unitemized Contribution		20.00	
3/10/03	ID# CK#	Unitemized Contribution		25.00	
SUB-TOTAL				\$ 240.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Community Led Advocacy for Sensible Schools

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
3/10/03	ID# CK#	Unitemized Contribution		\$ 25.00	
3/10/03	ID# CK#	Unitemized Contribution		25.00	
3/10/03	ID# CK#	Unitemized Contribution		25.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 75.00

TOTAL (if last page of this schedule)

\$ 315.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Community led Advocacy for Sensible Schools

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/03/03	ID# CK# 111	Postmaster 430 5th Street West Des Moines 50265	Postage	\$ 332.00
3/25/03	ID# CK# 112	Polk County Election Office Des Moines	Voter Database	39.00
3/25/03	ID# CK# 113	Postmaster 430 5th Street West Des Moines 50265	PO Box Rental	22.00
3/27/03	ID# CK# 114	Carla Scholten 2525 Hickory Ridge Dr West Des Moines 50265	Envelopes and Copies	282.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 675.50

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Community Led Advocacy for Sensible Schools

[illegible]

SUB-TOTAL \$

\$

TOTAL (if last

\$

page of this
schedule)

1614.70

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

DISCLOSURE SUMMARY PAGE

FORM

DR-2

(Rev. 09/97)

DISCLOSURE

REPORT

For Office Use Only

Comm. # _____

Indexed _____

Audited _____

Computer _____

COMMITTEE NAME (Must be same as on Statement of Organization)

Community Led Advocacy for Sensible SchoolsIMPORTANT: Indicate type of committee you are reporting for: 6

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support Slate of Candidates

Alice Warner
 SIGNATURE OF TREASURER (or person filing this report)

221-9327
 TELEPHONE

5/18/03
 DATE SIGNED

Penalties Due For Late Filed Reports Range from \$10 to \$400

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

 I AM FILING A _____ REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
 (report date) Indicate one 1
☒ CHECK IF AMENDMENT TO REPORT DATED April 1, 2003
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

March 11

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

 CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)\$
460.50

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

315.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$

775.50

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

670.40

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)\$

105.10

UNPAID BILLS (From Schedule D - Attach Schedule D)\$

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$

1,614.70

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)\$

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

___ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Community Led Advocacy for Sensible Schools

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/3/03	ID# CK# 111	Postmaster 430 5th Street West Des Moines 50265	Postage	\$ 322.00
3/3/03	ID# CK#	Bankers Trust 1111 University Ave Clive 50325	Bank fee	4.90
3/25/03	ID# CK# 112	Polk County Election Office 120 2nd Avenue Des Moines 50309	Voter Database	39.00
3/25/03	ID# CK# 113	Postmaster 430 5th Street West Des Moines 50265	PO Box Rental	22.00
3/27/03	ID# CK# 114	Carla Scholten 2525 Hickory Ridge Dr West Des Moines 50265	Envelopes and Copies	282.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$ 670.40

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page 1 of 1

(for Schedule B)